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Washington, D.C.  
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CONFIRMATION NO. 6

Bib Data Sheet

SERIAL NUMBER 09/524,027	FILING DATE 03/13/2000 RULE	CLASS 602	GROUP ART. UNT 3761	ATTORNEY DOCKET NO. 14072-006001
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**APPLICANTS**

Robert Edward Burrell, Alberta, CANADA;  
Hua Qing Yin, Alberta, CANADA;

**\*\* CONTINUING DATA \*\*\*\*\****No***\*\* FOREIGN APPLICATIONS \*\*\*\*\****No***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

05/12/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature Initials		
STATE OR COUNTRY CANADA	SHEETS DRAWING 2	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 2

**ADDRESS**

FISH AND RICHARDSON P.C.  
225 FRANKLIN STREET  
BOSTON ,MA 02110-2804

**TITLE**

TRANSCUTANEOUS MEDICAL DEVICE DRESSINGS AND METHOD OF USE

FILING FEE RECEIVED 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> Alloees <input type="checkbox"/> 1.1 Fees ( Filing ) <input type="checkbox"/> 1.1 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.8 Fees ( Issue ) <input type="checkbox"/> Over _____ <input type="checkbox"/> Credit _____
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Bib Data Sheet



**UNITED STATES DEPARTMENT OF  
Patent and Trademark Office**

Address: COMMISSIONER OF PATENTS AND TRADES  
Washington, D.C. 20231

SERIAL NUMBER 09/524,027	FILING DATE 03/13/2000 RULE	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 30-00
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**APPLICANTS**

Robert Edward Burrell, Alberta, CANADA;  
Hua Qing Yin, Alberta, CANADA;

**\*\* CONTINUING DATA \*\*\*\*\****Note k***\*\* FOREIGN APPLICATIONS \*\*\*\*\****Note k***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/12/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CANADA	2	42	2
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

Greenlee Winner and Sullivan P.C.  
5370 Manhattan Circle  
Suite 201  
Boulder, CO 80303

**TITLE**

Transcutaneous medical device dressings and method of use

FILING FEE RECEIVED 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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